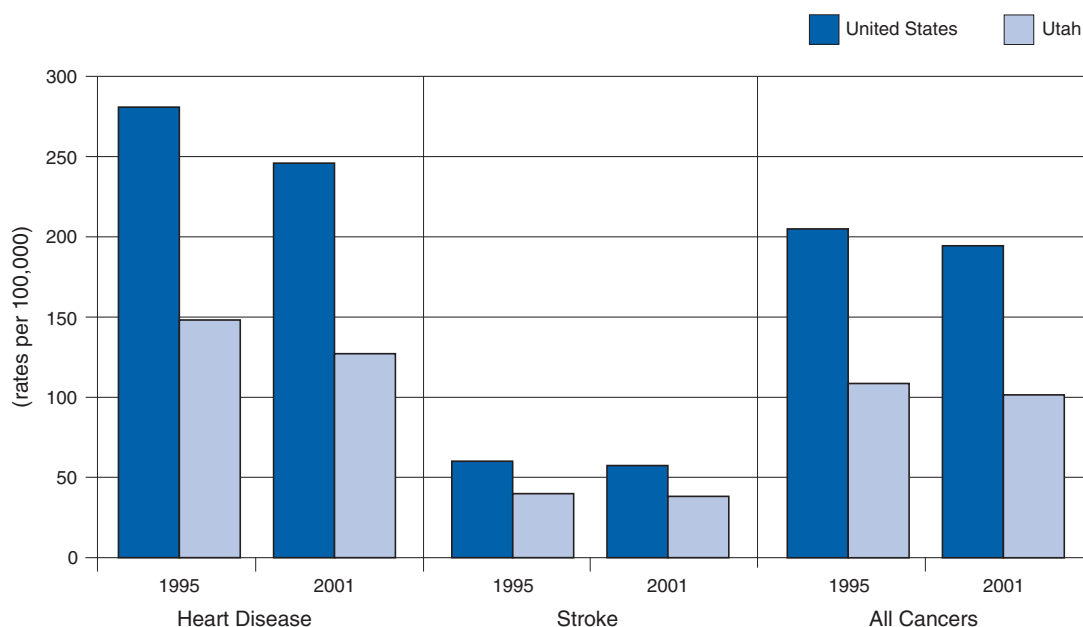


## Chronic Diseases: The Leading Causes of Death

### The Leading Causes of Death

United States and Utah, 1995 and 2001



Source: National Center for Health Statistics, 2003

### The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

### Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

# The Leading Causes of Death and Their Risk Factors

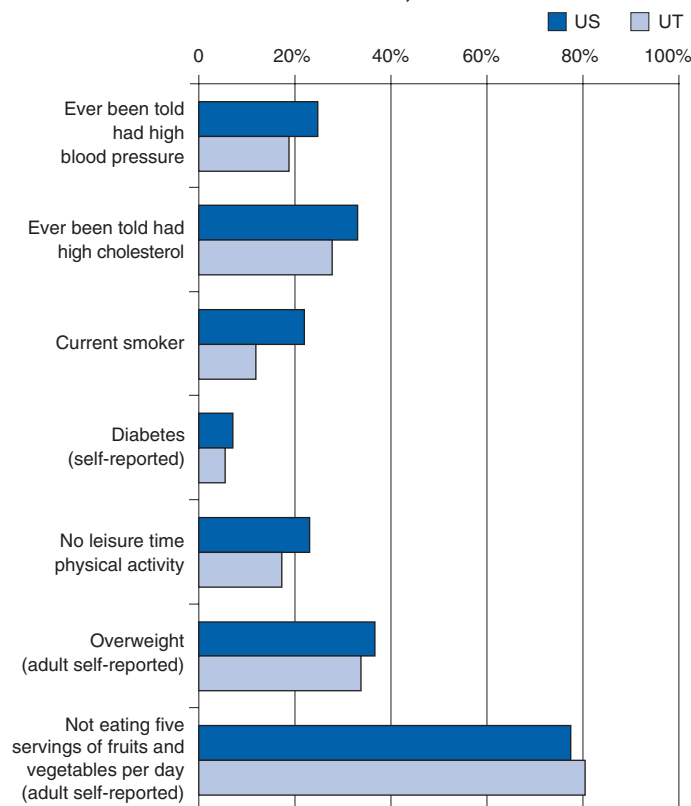
## Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Utah, accounting for 2,896 deaths or approximately 23% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 870 deaths or approximately 7% of the state's deaths in 2001.

### Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

## Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 2,620 are expected in Utah. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 6,360 new cases that are likely to be diagnosed in Utah.

Estimated Cancer Deaths, 2004

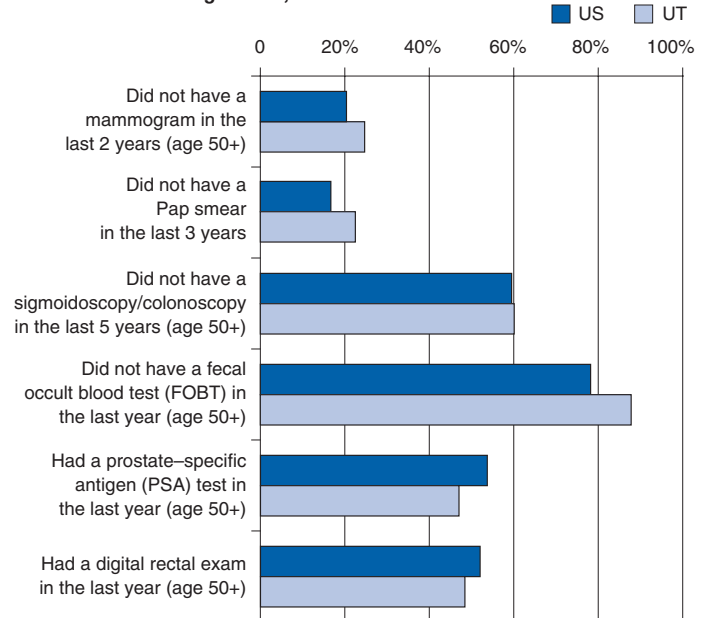
Cause of death	US	UT
All cancers	563,700	2,620
Breast (female)	40,110	200
Colorectal	56,730	260
Lung and Bronchus	160,440	440
Prostate	29,900	140

Source: American Cancer Society, 2004

### Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

# Utah's Chronic Disease Program Accomplishments

## Examples of Utah's Prevention Successes

- Statistically significant decreases in cancer deaths among men across all races (from 192.9 per 100,000 in 1990 to 183.6 per 100,000 in 2000), and in cancer deaths among white Hispanic women (183.6 per 100,000 in 1990 versus 69.8 per 100,000 in 2000).
- An 11.9% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 36.6% in 1992 to 24.7% in 2002).
- Lower prevalence rates than the corresponding national rates for individuals who reported they had a diagnosis of hypertension (18.8% in Utah versus 24.8% nationally).

## CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Utah in the areas of cancer, heart disease, stroke, and related risk factors.

**CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Utah, FY 2003**

<b>SURVEILLANCE</b>	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Utah BRFSS</i>	\$180,920
National Program of Cancer Registries	\$0
<b>CHRONIC DISEASE PREVENTION AND CONTROL</b>	
Cardiovascular Health Program <i>Gold Medal School Initiative</i>	\$948,335
Diabetes Control Program <i>Utah Diabetes Prevention and Control Program</i>	\$881,520
National Breast and Cervical Cancer Early Detection Program <i>Utah Cancer Control Program</i>	\$2,032,209
National Comprehensive Cancer Control Program <i>Utah Cancer Control Program</i>	\$659,483
WISEWOMAN	\$0
<b>MODIFYING RISK FACTORS</b>	
National Tobacco Prevention and Control Program <i>Utah Tobacco Prevention and Control Program</i>	\$1,196,502
State Nutrition and Physical Activity/Obesity Prevention Program	\$0
Racial and Ethnic Approaches to Community Health (REACH 2010)	\$0
<b>Total</b>	<b>\$5,898,969</b>

*The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.*

## Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Utah that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

# Opportunities for Success

## Chronic Disease Highlight: Cardiovascular Disease

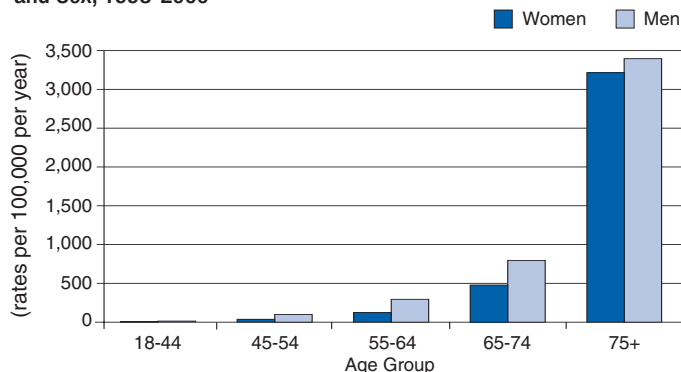
From 1996 through 1998, Utah's age-adjusted death rate for cardiovascular disease (CVD) was the second lowest in the nation. Over time, age-adjusted death rates for CVD for both men and women have been decreasing in Utah and across the country. This decline is likely due to improved medical treatment and greater emphasis on reducing the major controllable cardiovascular risk factors.

However, CVD is still Utah's leading cause of death and disability, accounting for approximately 4,000 deaths each year. Despite the common belief that CVD is a disease that primarily affects men, in actuality, it is a serious problem affecting both men and women alike. From 1998 to 2000, the percentage of all CVD deaths was higher for women than for men (35% compared with 31%). Age was also a risk factor for death for CVD. The death rates for men increased dramatically after age 44, while the death rates for women increased gradually. Thirty-nine percent of male CVD deaths occurred under age 75, compared with only 20% of female CVD deaths. The figure below illustrates Utah's CVD death rates for men and women at different ages.

Utah addresses CVD as a public health concern through its *Alliance for Cardiovascular Health*. The Alliance is the state's primary vehicle for implementing the state's plan to reduce the burden of CVD. Member organizations include county and local governments, private businesses, nonprofit agencies, schools, health care organizations, and other groups.

Text adapted from *Milestones Report 2002: Cardiovascular Disease in Utah and Cruising the Heart Highway, Heart Disease & Stroke Prevention Program*.

Age-Adjusted Rates of Death from Heart Disease by Age and Sex, 1998-2000



Source: Utah death certificate data; Utah population estimates from the Utah Governor's Office of Planning and Budget UPED Model, January 2000

## Disparities in Health

Despite the numerous interventions developed specifically to address health issues for all underserved populations, racial and ethnic disparities in health continue to be a compelling public health problem. In Utah, Hispanics are the largest minority group. The size of Utah's Hispanic population more than doubled during the 1990s, growing by 138%—a trend that is projected to continue. In 2000, there were over 200,000 Hispanic residents, comprising more than 9% of the state's population. Data from the 2001 Utah Hispanic Health Survey, conducted by the Utah Department of Health's Bureau of Health Promotion, indicate that the Hispanic population is at a higher risk for many factors that lead to heart disease and other chronic diseases.

Three out of five Hispanic adults in Utah (60.7%) were overweight or obese, compared to 52.6% of all Utah adults. Utah's Hispanic adults were slightly less likely to participate in regular physical activity than non-Hispanic adults (47.2% and 52.1%, respectively). Nationally, Hispanic adults are less likely to report that they smoke than non-Hispanic adults. In Utah, the trend is reversed: nearly 1 out of 5 Hispanic adults smoke (19.3%), compared with the national rate for Hispanics (13.3%). In addition, Utah's Hispanic men are much more likely to smoke than non-Hispanic men (25.7% for Hispanic men, compared with 14.4% for non-Hispanic men).

Rates of death from stroke are higher in Utah for Hispanics (98 per 100,000) than they are for Hispanics nationally (79 per 100,000). Data from the 2001 Utah Hispanic Health Survey indicate that only 46.2% of Utah Hispanic adults reported that they had changed their behavior to lower their risk of heart disease or stroke.

## Other Disparities

- **Smoking:** College graduates (5.1%) are less likely to smoke than those with a high school diploma (17.2%) or less (30.4%).
- **High Blood Pressure:** Utah residents who are college graduates are less likely to report having been told that they have high blood pressure (15.7%) than those who have less than a high school education (23.1%).
- **Nutrition:** Utah residents with annual incomes of more than \$50,000 are more likely to report that they consume 5 or more servings of fruits and vegetables per day (22.6%) than those with annual incomes of less than \$15,000 (16.3%).

Text adapted from *Hispanic Health in Utah Report*, Utah Department of Health, 2002.

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42  
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